

PET/CT ON-THE-JOB TRAINING (OJT) REGISTRATION APPLICATION

| | | | |
|--|------------------------|-------------------------|----------|
| Applicant's Last Name | Applicant's First Name | Applicant's Middle Name | |
| Mailing Address | City | State | Zip Code |
| Telephone Number | E-Mail Address | | |
| Which organization are you currently certified through: <input type="checkbox"/> American Registry of Radiologic Technologists (ARRT) (N) <input type="checkbox"/> Nuclear Medicine Technology Certification Board (NMTCB) | | | |

The applicant named above is seeking on-the-job training authorization from the California Department of Public Health – Radiologic Health Branch (CDPH-RHB) pursuant to section 107115 of the Health and Safety Code.

INSTRUCTIONS

1. **Part 1** - Enter the requested information.
2. **Part 2** - Submit an attestation from each facility where training will occur.
3. **Part 3** - Review, sign, and mail the completed application.

PART 1

1. Check the appropriate category:

- Initial Registration
- A one-time, six-month registration extension

2. California certificate types and numbers currently held (check all that apply):

- California Diagnostic Radiologic Technologist Certificate Number: _____
- California Nuclear Medicine Technologist Certificate Number: _____

3. Certificate type and organization for which activities will be performed (check one):

- PET Permit, Nuclear Medicine Technology Certification Board (NMTCB)
- CT Certificate, American Registry of Radiologic Technologists (ARRT)
- CT Certificate, Nuclear Medicine Technology Certification Board (NMTCB)

PART 2

For each facility where training will occur, submit an attestation on facility letterhead with the following information:

1. Identification of the applicant
2. A statement that the individual is approved to perform activities in the facility to meet the clinical competencies required by the NMTCB or ARRT.
3. Identification of the facility and its mailing and physical addresses, where training will occur.
4. Radioactive Material Number of the facility where training will occur.
5. Facility Registration Number of the facility where training will occur.
6. The attestation must be signed by an Authorized User, whose name appears on the facility’s Radioactive Materials License.

PART 3

Within 30 days of receipt of your application, you will receive an approval letter or a request for additional information.

Note the performance of the required clinical procedures by the applicant is to occur only during the period of time specified in the applicant’s approval letter.

A copy of the approval letter will be mailed to each facility where the applicant is seeking to perform the necessary clinical procedures.

Documentation in support of this application, including a copy of this application and the approval letter is to be maintained and made available for Department inspection.

I certify that the information submitted on this form is true and correct:

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

Mail the completed application and required documentation to either address:

Express Mail:

CDPH – Radiologic Health Branch
Certification Unit, MS 7610
1500 Capitol Avenue
Sacramento, CA 95814-5006

OR

Mailing Address:

CDPH – Radiologic Health Branch
Certification Unit, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414